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By: _____
Printed: Adam Bell

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing is the patent application of:

Inventors: Kaput, James

Title: IDENTIFICATION OF DIET-REGULATED DISEASE-ASSOCIATED GENES

Enclosed:

- | | |
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| <input checked="" type="checkbox"/> <u>1</u> Return Receipt Postcard; | <input type="checkbox"/> English translation |
| <input checked="" type="checkbox"/> <u>1</u> Transmittal Fee Sheet (2pp., in duplicate); | <input type="checkbox"/> Preliminary Amendment |
| <input checked="" type="checkbox"/> <u>34</u> Pages of Specification (pp. 1-34); | |
| <input checked="" type="checkbox"/> <u>4</u> Pages of Claims (pp. 35-38); | <input type="checkbox"/> No Publication Request |
| <input checked="" type="checkbox"/> <u>1</u> Page of Abstract (pg. 39); | (PTO/SB/35 or equivalent) |
| <input checked="" type="checkbox"/> <u>80</u> Pages of Figures (Fig. 1, 2, 3, 4); | <input type="checkbox"/> IDS |
| <input checked="" type="checkbox"/> <u>3</u> Pages of Unexecuted Declaration; | <input type="checkbox"/> IDS (PTO form 1449) |
| a. <input type="checkbox"/> Newly executed (original or copy) | <input type="checkbox"/> IDS References |
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☒ **Applicant claims Small Entity Status**

Fee Calculation – The fee has been calculated as follows:

CLAIMS AS FILED (Fees computed under §1.16)


Claims	Number Filed	Minus	Number Extra	Small Entity Rate	Fee	Basic Fee \$385.00
Total Claims	14	-20	0	X \$ 9		\$ 0
Indep. Claims	1	-3	0	X \$43		\$ 0
Multiple Dependent Claim(s), if any + \$270						\$ 0

TOTAL FILING FEE \$385.00

Respectfully submitted,

Date: 31 October '03

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